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MARY S. ACKERMAN HOYT HOSPITAL AND DISPENSARY

# Our Hospital in India

By S. D. DOREMUS

THE moon was at its full as I alighted from my first railway journey in India, and found a warm welcome awaiting me in Jhansi from Dr. Alice L. Ernst and Dr. Rose Fairbank. Its soft light flooded the bungalow they call home and as every tree and plant in the Compound stood out in distinct outline, one felt as if looking at an ideal picture of the Orient.

The Mary S. Ackerman Hoyt Memorial Hospital opened in 1900, being the one object of my long journey from Bombay, two visits to it the first day of my arrival were none too many to deepen my impressions. Not only did I look at this beautiful building with interest all my own, but as I caught sight of the large and familiar inscription, "Woman's Union Missionary Society of America," on the gateway, I was seeing everything with the eyes of all the friends at home, interested in this branch of our work.

Nothing could be more attractive than the situation—enclosed by a high substantially built stone wall, adorned with trees of dense and graceful tropical foliage, a grassy lawn relieving the arid red soil of the drive, and a picturesque temple with lofty towers of Oriental architecture looming in the distance. Our photographs, accurate as they are, give a faint idea of the beauty and substantiality of the building, and the harmony of its proportions. The brick walls pointed in white, give almost an effect of pink color, and the broad stone verandahs, relieved here and there with blooming plants, all seemed to do honor to the memory of one whose name stands out in conspicuous letters over the entrance.

The Ward, filled with beds, with its lofty ceiling and wide casement windows, gave thorough ventilation, and an inviting glimpse of the attractive enclosure. Two Wards for private patients open from the central one, and an operating room with glass skylights is at the extreme end. Five patients, one of whom had passed through a severe surgical

operation, were making a rapid recovery, and as the physicians and nurses passed from one to the other, they were followed with appealing glances from the large soft eyes, peculiarly the charm of Oriental women.

The Dispensary, opened in 1898, presented a busy scene, as the native helpers, under the direction of our well-known Harriet, were preparing remedies for various patients. The airy waiting room serves the double purpose of a school gathered from our Compound.

The sites of our Mission Bungalow and Memorial Hospital have been wisely chosen outside the gates of the walled city, which, with its narrow streets and densely crowded thoroughfares, represents many types of life in India.

Our missionary physicians can best tell the story of our Hospital foundation and what we are doing through its blessed ministry.

#### THE PLACE AND THE PEOPLE.

"Jhansi, situated in nearly the geographical centre of India had until about fifteen years ago been isolated from the world in the midst of a vast jungle. It is a large Military Cantonment and Civil Station, and the headquarters of the Indian Midland Railway Administration. The city is a fine example of a walled town, having nine principal gates, and dominated by a massively built stone fort which is occupied by detachments of British and native troops.

"Throughout this vast region for hundreds of miles, villages are thickly scattered, and in a very few of them has the Gospel ever been preached. The need of missionary work is great in the direction of our Hospital situated just outside the city gate, where the people pass us on their way to the native market. Because Jhansi is so full of Mohammedans, the *purdah* (behind the curtain) system is strictly enforced. Every morning, there are numbers of two-wheeled vehicles drawn up in front of our Dispensary, very closely curtained because of the zenana women inside, who have come to us for treatment. They say in the city in recommendation of us, that the Mission Hospital is a strictly zenana Hospital.

"In the Hospital, as a sort of head nurse, we have a girl, trained in a mission Hospital in Lodiana in the Punjab, and four native girls whom we are training for nursing. These girls have all been educated in Mission Schools and Orphan-



DISPENSARY OF MARY S. ACKERMAN HOYT HOSPITAL, JHANSI

ages, and they are Christians. We hope it will be possible to make very useful women out of them.

"As Christian instruction is given daily, we notice a great difference in the women when they leave the Hospital and come back to us later. There have been two or three in the

last year ready to accept Christianity and to give up home and all for Christ.

"As we try to keep our Hospital beautifully clean, it ought to be a great object lesson to these people, who hardly know what "clean" means. In this respect the rich do not differ from the poor. True, they have more jewels and more bedding and clothing, but their houses are never scrubbed, and washable articles seldom see water.

"As a rule most of the women came first to the Dispensary as out-patients. When we saw that nursing, food, and hygienic surroundings were essential to their recovery, we urged upon them the necessity of becoming inmates of the Hospital. To show the patient and her friends how happy and comfortable we make those under our care we often took them to see the Wards and their contented occupants, and impressed upon them the facts that there were no men about, and that the patients' food was cooked by a Brahmin woman.

#### OUR PATIENTS.

"I remember being called one morning to see a sick woman in a neighboring village. I was a stranger to the family, but feeling sure that this woman's life depended upon her getting help at once, I urged upon them the necessity of her coming into the Hospital, and asked their consent to my taking her back with me. It required some talking and more time than I liked to give, but in the end I was successful and drove away with the patient in my carriage, where she was lying on a fairly satisfactory bed made of comfortables and blankets. She recovered her health completely and since then many others from the same village have come to us through her testimony.

"Other patients I have had carried on their beds from their homes to the Hospital. In some instances they were so weak that I had to walk by the side of the bed as it was being borne along by four men, to watch the pulse and to give necessary stimulants. Such a procession would naturally attract some attention, and I am thankful to say that all these cases got well, for had it been otherwise, the timidity of many might have been increased. One of these patients,

a Mohammedan woman, was greatly interested in the Gospel news, and asked that some one be sent to her mother-in-law so that she also might learn the "Way of Life." I am greatly interested in this family, and believe that some time they will decide for Christ.

"The patients include women and children from all classes of native society, Hindu, Musselman, and Christian; most of them come from Jhansi but others from neighboring native states, or distant towns and villages. A few months ago we had a patient from the native state of Datia, where no mission work has ever been done. Besides a successful operation, we taught her to read in Hindi, her own language, and when she returned to her home, she took with her many tracts and portions of Scripture, which she promised to distribute carefully. She has been much in our prayers since she left us, and we have faith to believe that God will bless these efforts to His glory.

"One morning I met in the native city a little girl who was treated successfully in the Hospital. Her face beamed with pleasure when she saw me, and she spoke gratefully of what had been done for her to the several people who stood near. While with us we taught her some Scripture verses, and tried to give her a clear idea of the way of salvation. She is a Hindu, and although only nine years old is married.

"A Bengali woman much interested in Christianity, as a child went to a Mission school in Calcutta, and from what she could remember, I think it must have been one of our schools. She married very young and then all Christian instruction ceased. After twenty years, she came to Jhansi, where her husband holds a good appointment in one of the native regiments. I was called to see her in her home and advised her to come into our Mary S. Ackerman-Hoyt Hospital. Here she has been under treatment and Christian instruction the past few weeks. My Bengali circulating library was a great help, and she not only read many of the books herself, but asked if she might let her husband see them. I seldom went into the Ward without seeing her reading the Bengali Bible. She professes to believe in Christ and

would often lead in prayer to Him. I have faith to believe that she and her husband will at no distant date, decide to take their stand openly as Christians.

"Two successful cases have won us warm friends. Among



MISSION HOME AT JHANSI

our patients was the son of our washerman, who, being new in our Mission, had all the superstitions and prejudices of his caste. We were not told of the child's illness until he had become worse under the treatment of native doctors,

and I found him approaching the crisis of pneumonia. When we persuaded the father to bring the child to our hospital vigorous treatment was begun. In addition to the little fellow's weakness, he screamed constantly from an abscess in the middle ear, brought on doubtless by lack of proper treatment in the early stages of his sickness. His relatives were sure that he was possessed with a devil and insisted upon taking him home and summoning the devil doctor. I knew he could not survive this. Their treatment consists in beating and torturing the patient under the mistaken idea that they are afflicting the devil, who will leave the patient and find a more peaceable abode.

"In the meantime, not only the near relatives but many people of this caste had arrived at the Hospital and a loud wail of lamentation arose. Having prayed for strength, I took the father and grandparents aside, and tried to make them see the circumstances in their true light. Leaving them to decide, after I had said everything I could, I lifted my heart to God that He might influence their decision. About ten minutes later, the grandfather came to me, fell at my feet, and said the child was no longer theirs but mine, which meant that I might do with the child as I liked, for the entire responsibility would now rest upon me. Knowing how the heart of the grandfather was wrapped up in this child, I removed the patient to a small Ward, and allowed the grandparents to pass the whole night before Christmas with me beside the sickbed. I am happy and grateful to say that the little fellow has completely recovered and is now playing about in his own home. A case like this will do much in breaking down false belief and worship, and we hope that many souls will come into the True Light through the work in our Hospital.

"The other case was Mansuri, a little Hindu girl, who came to our Dispensary fearfully burned, as her stepmother had thrown a lighted lamp at her. Four days after, she was brought to us in a most neglected condition, as her relatives thought she was in a dying state and were glad to leave her in our care. For some time she hung between life

and death and then a change for the better set in, and it was beautiful to watch the effect on her of kindness and good food. As her people had given her to us, we sent her to our Orphanage at Cawnpore, where she has developed into a beautiful and most interesting child, giving promise of unusual intelligence. She looks upon us as her parents, and to foster this feeling she will pass her holidays with us, for we are praying that she may develop into a good worker for us, after her education is completed.

#### IN THE NATIVE CITY.

"We spent nearly the whole of three nights in the walled city in the most extreme heat. The house had three rooms in a row from front to back, the middle room being without light or air except what came from the other two rooms. They were so filled with women that we could hardly force a way into the middle room, about eight feet square, where lay the sick woman. Here, too, were a few men. Can you imagine the air there was there for that poor woman to breathe?

"My first duty was to clear out all the people and leave the doors as wide open as possible, but there was not a breath stirring to change the air of that room. So in that little room, nearly fainting ourselves in the close air and extreme heat, we worked nearly all night. The woman was insensible and dying. After we left, I suddenly thought of something I had forgotten, and went back into the room. I found that, contrary to the orders which I had given, all the women were in there again, the doors were shut, and on the floor under the woman's feet was a pan of coals. After a few hours, when I went again, the woman was dead and the mourners in their fine clothes were doing their best at screaming and singing. When I stepped in among them there was dead silence for a moment or two, and I really think that for a fleeting half second they felt what a farce they were acting. Can you think for a moment that medicine or surgery are the only things these people need?"

#### EASTER SERVICE.

"A little Easter service was held in our Dispensary for

"our people," seventy-five being present; the servants and their families, the patients in the Hospital who were able to sit up, our Christian teachers, and a few others who were interested enough to come. We sang some beautiful Easter hymns, which while we did not sing them beautifully, nevertheless sounded well. We read the Scripture and made a few remarks, and afterward the pastor of the native church gave a short Easter talk, and the women said "that they heard not only with their ears, but with their hearts as well." We gave all the Easter cards that have come in the mission boxes the last two years, but that was not enough for all the children, and the grown-ups would like to have had them also.

"Every Dispensary patient has the Word preached to her, and when she has persons in her household who can read, a tract in her language is given to her. The testimony of many Christians is, that they were first led to think of God as their Father, and of Christ as their Saviour, by reading a tract or some portion of Scripture.

"Our in-patients are under regular Christian instruction, and it is delightful to see how changed they become. As yet many have not openly taken their stand as Christians, but we work, pray and hope, and we ask your prayers that God may greatly bless this medical mission to His glory, and to the everlasting good of these poor people.

#### FIRST BAPTISM.

"It is significant that our first adult convert, who was a Brahmin widow of about thirty years, decided to become a Christian while in our Hospital.

"The day she was baptized in our Dispensary waiting room, mats were spread on the floor for some guests and chairs for others, and with the decorations of flowers, the place looked beautiful. The patients who were able to be out of bed came, also our Christian workers, the servants and their families, making quite a large audience. The service was solemn and impressive, Dr. Holcomb officiating.

"Our patients are all interesting, and we really long to teach them of a better life so much, that it makes my heart

just ache to think of my limitations in every way, language and time, and ability, too.

"We are hoping to organize a *real* Sunday school later. We have separate classes now for various people, but think it will be more interesting if they all meet together for general exercises, and are divided into smaller classes with more attention to age and ability. The Dispensary building seems a capital place for a Sunday school, with its large waiting room, and the four smaller rooms and two verandahs which could be utilized.

"To tell you that we are overwhelmed with the possibilities of our future here, is to say little. A teeming population of sixty thousand who can be reached through the blessed ministrations of medical skill, and the handful of consecrated workers who are overburdened with the suffering that presses on every side—these are the two great contrasts which oppress those who are taking 'thought for the morrow.' "

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Such is the Christlike work committed to our care. The opportunity is limitless. The Hospital with its blessed ministrations has opened many a zenana door closed for centuries to the entrance of the Saviour of the world. But we have not the money to meet these ever widening demands, and that is why we tell you this attractive story. Here would be an investment that pays and whose results you are sure to see in emancipated lives on the last Great Day when the things of time bear the flash-light of eternity.

The endowment of a bed is.....	\$600.00
Yearly expense of a bed .....	25.00
Salary of a missionary physician .....	600.00
Salary of a zenana missionary .....	600.00
Salary of a native worker .....	60.00
Support of a school .....	50.00

Will you take your choice?

# Woman's Union Missionary Society of America for Heathen Lands

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The Society was organized in 1860, and is the pioneer of Woman's Foreign Missionary Societies in America:

It is undenominational, and so it presents a united Christian front to the heathen world.

It is carried on entirely by women, with unsalaried officers.

Its aim is the salvation and elevation of heathen women.

"Win for Christ," its motto.

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